

PLEASE TELL US ABOUT YOURSELF.

(SMOKERS AGE 21 AND OVER)

☐ Mr. ☐ Male
☐ Ms. ☐ Female
☐ Mrs. First M.I. Last

Address _____ Apt. # _____

City _____ State _____ ZIP _____ Phone () _____

By responding to this survey and signing below, I certify that I am a smoker 21 years of age or older. I am also willing to receive free cigarettes and branded incentive items in the mail subject to applicable state and federal law.

Signature **X** _____ Your Birth Date _____
 (Required) (Required) Month / Day / Year

1. What is your regular brand of cigarettes - that is, the brand you smoke most often?

 (Brand Name)

2. Is your regular brand...? (Check one.)

☐ Regular/King Size ☐ 100's ☐ 120's

3. Is your regular brand...? (Check one.)

☐ Menthol ☐ Non-Menthol

4. Is your regular brand...? (Check one.)

☐ Lowest/1mg Tar ☐ Ultra/Extra Low Tar ☐ Light/Mild
☐ Medium ☐ Full Flavor

5. Do you usually buy it by the...? (Check one.)

☐ Pack ☐ Carton ☐ Both Ways

6. The next time you go to the store, if your regular brand were not available, what would you do? (Check one.)

- ☐ Go to another store to buy my regular brand.
☐ Buy another type or length of my regular brand.
☐ Wait until the store has my regular brand.
☐ Buy a different brand entirely.

7. What, if any, was your previous brand?

 (Brand Name)

8. Are there other smokers in your household, 21 years of age or older, who are willing to receive free cigarettes and incentive items in the mail? Please print full names and birth dates.

First Name M.I. Last Name Birth Date / /

First Name M.I. Last Name Birth Date / /

9. Do you have any friends, 21 years of age or older, who smoke and would like to receive free cigarettes and incentive items in the mail? Please print their full names and phone numbers with area codes.

First Name M.I. Last Name Phone () _____

First Name M.I. Last Name Phone () _____